



**KWAZULU-NATAL PROVINCE**

HEALTH  
REPUBLIC OF SOUTH AFRICA



# EVD SCREENING TOOL FOR ALL PATIENTS ENTERING HEALTHCARE FACILITIES

**Date: 18 June 2026**

**National Viral Hemorrhagic Fever (Ebola) IPC Webinar**

# OUTLINE

1. Purpose
2. Structure of the Screening Tool
3. Section A: Patient Details
4. Section B: Epidemiological Risk Assessment  
(Within 21 Days)
5. Section C: Clinical Screening
6. Screening Outcome
7. Case Definition for Screening

# Purpose

- To identify, isolate, and refer suspected cases of Bundibugyo Virus Disease (BVD), a form of Ebola disease caused by Bundibugyo virus, while protecting healthcare workers, patients, and visitors.
- Early detection and isolation is key to infection prevention and control of infection transmission.
- BVD has an incubation period of 2–21 days and is transmitted through direct contact with infected body fluids, contaminated materials, or infected animals.
- **NB:** Health Establishment Screening should occur at **all entry points** before patients/ clients enter waiting or clinical areas

# Structure of the EVD Screening Tool

- **Section A:** Patient Details
- **Section B:** Epidemiological Risk Assessment (Within 21 Days)
- **Section C:** Clinical Screening
  - Early Symptoms
  - Progressive Symptoms
  - Severe Symptoms
- **Screening Outcome**
  - Low Risk
  - Moderate Risk
  - High Risk (Suspected BVD Case)
- **Case Definition for Screening**
  - Suspected Case
  - Probable Case
  - Confirmed Case
  - Contact

# EVD Screening Tool: Section A

<b>Facility Name</b>		<b>Date &amp; Time</b>		<b>Screening Point</b>	
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## SECTION A: PATIENT DETAILS

<b>Surname:</b>		<b>Name/s:</b>			
<b>Date of birth:</b>	DD / MM / YYYY	<b>Age</b> :		<b>Sex:</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>Contact Tel./Cell:</b>	(000) 0000000	(000) 0000 000	<b>Occupation:</b>		
<b>Physical home address:</b>					
<b>Next of kin Name and contact</b>					

# EVD Screening Tool: Section B

## SECTION B: EPIDEMIOLOGICAL RISK ASSESSMENT (WITHIN 21 DAYS)

### Has the patient

Travelled to Democratic Republic of Congo? (DRC)

Yes

No

Travelled to Uganda?

Yes

No

Resided in or visited an Ebola-affected area?

Yes

No

\*If yes; name of area or country

Had contact with a confirmed or suspected Ebola/Bundibugyo case?

Yes

No

Participated in funeral or burial activities involving a person who died from an unexplained illness?

Yes

No

Worked in a healthcare facility treating Ebola patients?

Yes

No

Handled blood, body fluids, or laboratory specimens from suspected cases?

Yes

No

Had contact with bats, non-human primates, or bushmeat?

Yes

No

Had close household contact with a symptomatic traveller from an affected area?

Yes

No

If ANY answer is YES, proceed to Section C

# Section C: Clinical Screening

## Early Symptoms

- Fever ( $\geq 38.0^{\circ}\text{C}$ )
- Headache
- Joint Pain
- Severe Weakness/Fatigue
- Muscle/Joint Pain
- Sore Throat

## Progressive Symptoms

- Nausea/ Vomiting
- Abdominal Pain & loss of appetite
- Skin Rash
- Diarrhea
- Difficulty swallowing
- Red eyes/ conjunctivitis

## Severe Symptoms

- Unexplained Bleeding
- Nosebleeds
- Unexplained bruising
- Bleeding Gums
- Blood in stool or vomit
- Shock or altered consciousness

# EVD Screening Tool: Section C

## SECTION C: CLINICAL SCREENING

Does the patient have any of the following symptoms?

### Early Symptoms

<b>Fever (<math>\geq 38.0^{\circ}\text{C}</math>.....</b>	Yes		No		<b>Severe Weakness/Fatigue</b>	Yes		No	
<b>Headache</b>	Yes		No		<b>Muscle/Joint Pain</b>	Yes		No	
<b>Joint Pain</b>	Yes		No		<b>Sore Throat</b>	Yes		No	

### Progressive Symptoms

<b>Nausea/ Vomiting</b>	Yes		No		<b>Diarrhoea</b>	Yes		No	
<b>Abdominal Pain &amp; loss of appetite</b>	Yes		No		<b>Difficulty swallowing</b>	Yes		No	
<b>Skin Rash</b>	Yes		No		<b>Red eyes/ conjunctivitis</b>	Yes		No	

# EVD Screening Tool: Section C

## Severe Symptoms

<b>Unexplained Bleeding</b>	Yes		No		<b>Bleeding Gums</b>	Yes		No	
<b>Nosebleeds</b>	Yes		No		<b>Blood in stool or vomit</b>	Yes		No	
<b>Unexplained bruising</b>	Yes		No		<b>Shock or altered consciousness</b>	Yes		No	

**Early symptoms of Bundibugyo virus disease are often non-specific and may resemble malaria, influenza, or other febrile illnesses. ([World Health Organization](#))**

# Screening Outcome

SCREENING OUTCOME		
	Risk matrix	Action
<b>Low Risk</b>	<ul style="list-style-type: none"><li>• No epidemiological risk factors</li><li>• No Compatible symptoms</li></ul>	<ul style="list-style-type: none"><li>• Continue routine clinical management</li></ul>
<b>Moderate Risk</b>	<ul style="list-style-type: none"><li>• Epidemiological risk factor present</li><li>• No symptoms OR only mild symptoms</li></ul>	<ul style="list-style-type: none"><li>• Notify facility IPC focal person.</li><li>• Monitor <u>patient</u> closely.</li><li>• Obtain further travel and exposure history.</li></ul>

# Screening Outcome

## **HIGH RISK (Suspected BVD Case)**

- **Epidemiological risk factor PLUS**
- **Fever or compatible symptoms**
- **Isolate patient immediately**
- **Place surgical mask on patient (if tolerated)**
- **Implement standard, contact and droplet precautions**
- **Restrict movement of patient**
- **Notify Facility Manager**
- **Notify Infection Prevention and Control Practitioner**
- **Notify District Communicable Disease Control Coordinator**
- **Notify Provincial CDC Unit/NICD Hotline**
- **Maintain contact register**
- **Arrange specimen collection according to NICD guidance**
- **Begin contact tracing documentation**

# Case Definition for Screening

<b>Suspected Case:</b>	<b>Any person</b> <ul style="list-style-type: none"><li>• Alive or dead, with sudden onset of fever and contact with a suspected, probable, or confirmed Ebola case, OR</li><li>• sudden onset of fever plus at least three of: headache, vomiting, anorexia/loss of appetite, diarrhoea, lethargy, stomach pain, aching muscles/joints, difficulty swallowing, breathing difficulty, hiccups; OR any person with unexplained bleeding; OR</li><li>• Sudden unexplained death.</li></ul>
<b>Probable Case:</b>	<ul style="list-style-type: none"><li>• Any suspect case evaluated by a clinician, OR</li><li>• any person who died from unexplained illness and had an epidemiological link to a confirmed case (and no laboratory testing done).</li></ul>
<b>Confirmed Case:</b>	<ul style="list-style-type: none"><li>• A suspect or probable case with laboratory confirmation (positive PCR, antigen detection, or IgM antibody).</li></ul>
<b>Contact</b>	<ul style="list-style-type: none"><li>• Any person who has been exposed to a confirmed or probable Ebola case within the last 21 days (e.g., living in same household, direct physical contact, touching body fluids, handling linens, funeral attendance).</li></ul>

THANK YOU

